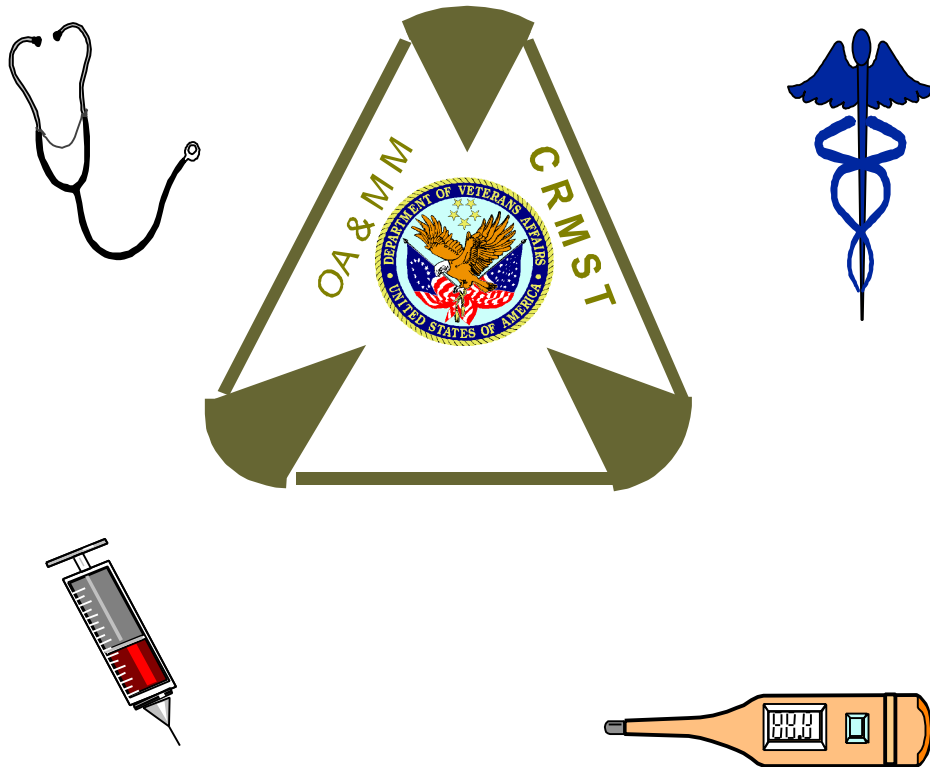


Department of  
Veterans Affairs

# Supply, Processing, and Distribution



## SELF-EVALUATION GUIDE

October 1996  
TP-90-4

Office of Acquisition and Materiel Management  
Washington, DC 20420

# SUPPLY, PROCESSING, AND DISTRIBUTION (SPD)

## CONTENTS

Page

### **SECTION – A**

SPD – General.....1 – 4

### **SECTION – B**

Distribution.....5 – 8

### **SECTION – C**

Case Carts.....9

### **SECTION - D**

Preparation.....10-12

### **SECTION – E**

Decontamination.....13-14

## ***INTRODUCTION***

This guide is to be used to evaluate the over all performance of the Supply, Processing, and Distribution (SPD) section. This guide should be used at least every 6 months, and it should be completed by someone out side of the SPD section. This guide is divided into five sections, including some of which may not apply to your SPD area. If a section does not apply, a full explanation as to why the support is not being provided and who is performing the function should be given for that section of the guide to completed.

The findings of this evaluation should be shared with the infection control official and other appropriate officials at the medical center.

# SPD SELF – EVALUATION GUIDE

## SECTION A

### SPD - GENERAL

	Yes	No	Comments
1. Is the SPD Handbook H-90-1 complete and in use?	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. The handbook was reviewed within the last 12 months by:			
(1) Chief, SPD	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) Service Chief	<input type="checkbox"/>	<input type="checkbox"/>	_____
(3) Infection Control	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Does the handbook have a current organization chart?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Are the SPD department hours of operation listed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Is there a list of personal authorized access to SPD after hours?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Are there procedures for record of entry and sign out of supplies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Is there a list of employees to contact in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Is there a floor plan of the department with the work, air, and people flow indicated?	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Is there policy on the frequency, methods, and levels of the station EtO monitoring?	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Is there a disaster plan for the SPD staff in Section 5 of the handbook?	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Is there a fire plan for the SPD staff in Section 6 of the handbook?	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Comments
k. In Section 7 of the handbook, is there a hazard communication plan for the SPD staff, including but not limited to:			
(1) EtO Leak?	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Mercury Spill?	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Antineoplastic Drug Spill?	<input type="checkbox"/>	<input type="checkbox"/>	
l. In Section 8 of the handbook, are all of the equipment operation instructions for SPD and ward equipment accounted for?	<input type="checkbox"/>	<input type="checkbox"/>	
m. Are there operating procedures for each section of SPD and each task, including but not limited to:			
(1) Ward Inventory?	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Sterilizer?	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Monitoring?	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Decontamination Pick-up?	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Pulling Case Cart?	<input type="checkbox"/>	<input type="checkbox"/>	
n. In Section 10 of the handbook, is there a list of the Material Safety Data Sheets, with their locations?	<input type="checkbox"/>	<input type="checkbox"/>	
o. In Section 11 of the handbook, are there completed sample forms such as CA-1, CA-2, and leave request forms that the SPD staff may be required to use?	<input type="checkbox"/>	<input type="checkbox"/>	
p. In Section 12 of the handbook, is there a list of itmes that are sterilized by EtO or methods other than steam sterilization?	<input type="checkbox"/>	<input type="checkbox"/>	
q. Has the list been signed by the Chief of Staff within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has all SPD staff reviewed and signed the Employee Review Record (page VI of the SPD Handbook)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the Chief, SPD, a member of the Infection Control Committee? If not, why?	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Comments
4. Is all of the SPD staff certified by the VACO certification program? If not:	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. What is the schedule for completion of the certification program?			_____
b. Has level on eof the training been completed? If not, what documentation is available to show that the staff is qualified to perform their duties?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Is there a training record for each staff member?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Has the SPD staff attended at least eight SPD in-service training sessions within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Is SPD doing all of the decontamination and sterilization of reusable medical/surgical devices in the medical center? If not, why?			
a. Decontamination:			
Dental?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wards?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outpatient Clinics?	<input type="checkbox"/>	<input type="checkbox"/>	_____
G.I. Lab?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Catherization Lab?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Therapy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Sterilization:			
Dental?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wards?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outpatient Clinics?	<input type="checkbox"/>	<input type="checkbox"/>	_____
G.I. Lab?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Catherization Lab?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Therapy?	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Comments
6. Does SPD provide inventory management support including ordering, stocking, and distribution for all of the areas listed in question 5 above? if not, which areas are not being supported and why?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Visit a representative from each of the services supported by SPD to see if any inventory management, decontamination, and sterilization is being done in the service. If so, who is doing that function and why?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
8. Review their areas and procedures in accordance with the applicable section of this evaluation guide, i.e., the decontamination section will need to be filled out for those services doing decontamination, and the preparation section will need to be filled out for those services doing sterilization.			
a. Are the soiled and clean areas completely separated (walls)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. How often is SPD cleaned?			_____
c. Which area of SPD is cleaned first?			_____
d. What method is used in each section?	<input type="checkbox"/>	<input type="checkbox"/>	_____

# SPD SELF – EVALUATION GUIDE

## SECTION B

### DISTRIBUTION

	Yes	No	Comments
1. Are there three sections:			
Bulk storage?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary stock?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secondar stock?	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. <b><u>Bulk Storage</u></b>			
(1) Bulk storage with a receiving and break out area?	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) No open cases with clean/sterile supplies are to be in this area; were open cases found?	<input type="checkbox"/>	<input type="checkbox"/>	_____
(3) How is the stock arranged? Is it rotated?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
(4) How many days supply is on hand:			
(a) Posted stock?			_____
(b) Open market?			_____
(c) Prime vendor?			_____
b. <b><u>Primary Stock</u></b>			
(1) Is this a limited access area?	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) What is the dress attire?			_____
(3) Does the dress attire differ from the rest of SPD?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Are there any shipping or corrugated boxes in this area? If yes, list the items.	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
d. Is this area clean?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. How often is it cleaned?			_____



	Yes	No	Comments
f. Check every tenth line item to see if there are outdates and if the supplies are being rotated.			
g. How are the items transported to the secondary from the primary:			
(1) Regular issue?			
(2) Single issue?			
(3) Emergencies?			
(4) Pick up items by user?			
2. What is the primary inventory system used to stock the secondaries for the primary:			
a. Demand?	<input type="checkbox"/>	<input type="checkbox"/>	
(1) How are the supplies ordered (telephone by users, computer systems, at window?	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Does SPD make deliveries? If not, who makes them?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Par Level?	<input type="checkbox"/>	<input type="checkbox"/>	
(1) How often are inventories performed?			
(2) Are all secondaries inventoried at the same intervals? If yes, why?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Exchange Carts?	<input type="checkbox"/>	<input type="checkbox"/>	
(1) When are they exchanged?			
(2) How often?			
(3) By whom?			
3. What method is used to deliver the med/surg supplies from the primary to the secondary:			
a. Carts?	<input type="checkbox"/>	<input type="checkbox"/>	
(1) Are they closed? If not, are the supplies in closed containers that will not allow the items to be crushed or damaged?	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Comments
(2) If carts are open and a cover is used, is the bottom shelf closed or solid?	<input type="checkbox"/>	<input type="checkbox"/>	_____
(3) How often is the cover cleaned and/or changed?			_____
(4) What are the covers made of?			_____
(5) Are the covers impervious to moisture and dust?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Dumbwaiter/Carlifts?	<input type="checkbox"/>	<input type="checkbox"/>	_____
(1) Are they used for only clean items?	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2) Are the supplies protected while in the dumbwaiter?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Hand Delivery? If yes, how are the items protected?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Is the IFCAP/GIP system in use?	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. For primary inventories?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. For secondary inventories?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. How often are levels reviewed?			_____
d. How many items were out of stock in the last 30 days?			_____
5. What is the temperature and humidity in this area?			_____
6. How far are items stored in the primary and secondary inventories: From the ceiling, floor, or outside wall?			_____
7. What type of shelving is used in the primary and secondary:			
a. Open (metro wire, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Closed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. How often are the shelves cleaned:			
a. Primary?			_____
b. Secondary?			_____

	Yes	No	Comments
9. Visit at least 10 percent of the secondaries:			
a. Are they neat and clean?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Are there any items that are out of stock?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Have inventory levels been checked?	<input type="checkbox"/>	<input type="checkbox"/>	_____
(1) How often are they reviewed?			_____
(2) How are the levels set?			_____
(3) Average usage? Based on what (by highest usage during a set period)?			_____
(4) What is the period (weeks, months, years)?			_____
10. Talk with a user and a supervisor from each secondary visited:			
a. Are they satisfied with the service provided by SPD? If not, how can service be improved?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
b. Is the level of supply high enough to meet their needs? If not, what item(s) are they having problems with?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
c. Does the quality of the med/surg devices meet the patients' needs? If not, list items.	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
d. What constituted the use of items at the medical center?			_____ _____
e. Have concerns been reported to the supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
11. Is there a location system for use by SPD staff and Clinical staff in SPD primary and secondaries?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Does the locator list include equipment, prep room, case cart, sterile core area?	<input type="checkbox"/>	<input type="checkbox"/>	_____

# SPD SELF – EVALUATION GUIDE

## SECTION C

### CASE CART

	Yes	No	Comments
1. Is this are separated from the rest of the clean/sterile storage area?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. What is the dress attire for this area?			_____
a. Is it difference from other clean/sterile storage area?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Is it the same as the preparation area?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are the case carts closed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. If no, how are the carts covered?			_____
b. If there are reusable covers, how are they cleaned and how often?			_____ _____
4. What percent of items used on a case cart are placed in the cart by the SPD staff?			_____ _____
5. Is there a quality assurance system in place to make sure the case carts are 100 percent complete and accurate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. How are case carts transported to the operating room suite? Are they protected in a way which will not increase the bio-burden in the operating room?			_____ _____ _____
7. How are the case carts and reusable item returned to SPD?			_____ _____
8. Is the IFCAP/GIP Case Cart Computer System in use?	<input type="checkbox"/>	<input type="checkbox"/>	_____

# SPD SELF – EVALUATION GUIDE

## SECTION D

### PREPARATION

	Yes	No	Comments
<u>Sterilization Records:</u>			
1. Are records maintained for three years for all sterilizers:			
a. Printouts/Graphs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Is each cycle signed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Biological Reports (at least daily, each EtO load with each implant?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Bowie Dick Test (for each Pre-Vac sterilizer, each dow and after each repair or shutdown)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Is there a content list for each sterilizer cycle (steam, gas, and plasma)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are there sterilizers located in:			
a. SPD?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Operating Room?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Dental?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. G.I. Lab?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. ENT Clinic?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Respiratory Therapy Clinic?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Check the records listed under paragraph 1. above for each sterilizer (pick one date for each of the last 3 years and check all of the requirements).			_____
a. If sterilizers are used without a recording (printing) device, there must be a register that contains the following information for each cycle:			
Date			_____
Items in Load			_____
Length of Cycle			_____
Sterilization Temperature			_____
Control Number Assigned			_____
Signature of Operator			_____
Appropriate Remarks			_____

	Yes	No	Comments
b. What is the dress attire for the preparation room?			
4. How is the dress attire different from:			
a. Decontamination?			
b. Clean/Sterile Storage?			
c. Case Cart Area?			
d. Operating Room?			
5. When are long sleeves worn?			
6. When are mustaches and facial hair covered?			
7. What is the dress attire from someone visiting the preparation area?			
8. What is the dress attire for preparation staff going on break from the prep area?			
9. Is the Preparation Section separated from other SPD areas such as clean sterile storage and case cart?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are the doors to the preparation area kept closed?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are implants held in SPD for 48 hours after sterilization?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is there a list of implants?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Review the implant release form. How many have been used in the last 3 months?			
14. Are the items removed from the EtO aerator before completion?	<input type="checkbox"/>	<input type="checkbox"/>	
15. When is the control number assigned and placed on the sterilized items (before or after sterilization)?			
16. How many items are returned for sterilization due to outdates?			

	Yes	No	Comments
17. Are items returned for sterilization sent to decontamination for reprocessing directly from the storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Are there any disposable/single use items being resterilized? If yes, what are they?	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Are written instructions from the manufacturer on file as to how the items are to be processed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Are all items being sequentially wrapped?	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. What is the primary wrapping material?			_____
22. If primary wrapping material is muslim, how long is it used before being replaced?			_____
23. Are instructions checked for proper function and condition each time they are assembled to be wrapped?	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. Scissors by cutting one layer of gauze?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Needle holders to hold a suture?	<input type="checkbox"/>	<input type="checkbox"/>	_____

# SPD SELF – EVALUATION GUIDE

## SECTION E

### DECONTAMINATION

	Yes	No	Comments
1. What items are provided and worn for personal protective equipment (PPE) in decontamination:			
a. Waterproof shoe covers (not paper)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Face shield or goggles and face mask?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Waterproof gowns or long sleeve apron?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Decontamination gloves (not exam or surgical)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does each pick-up area have a covered bin or tote box?	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. Is the bin exchanged at each pick-up?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Are tehse bins transported to SPD in a closed or covered cart?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. What is the dress attire for the pick-up areas?			_____
4. How are items processed in decontamination?			_____
5. What items are hand washed?			_____
6. In which order is the following equipment used:			
a. Hand Wash Sink?			_____
b. Sonic Cleaner?			_____
c. Washer Sterilizer?			_____
7. Are all items transported to the SPD Decontamination area in a closed container or in a closed or covered cart?	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. What type of container?			_____
b. What type of cart?			_____



	Yes	No	Comments
8. For those areas that perform their own decontamination, is the decontamination area separated from all other areas of the department?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Are there any items stored in the decontamination area? If yes, when will it be removed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. What is the air pressure in the decontamination area?			_____
a. How many air exchanges per hour?			_____
b. How many air exchanges are there in the Preparation per hours?			_____
c. In the outside hallway, is the air pressure to the decontamination area positive or negative?			_____
11. Is there a shower provided for the SPD decontamination staff?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Can the shower be accessed by the staff without contaminating the environment?	<input type="checkbox"/>	<input type="checkbox"/>	_____